



B08 Breast Reduction

What is a breast reduction?

A breast reduction is a cosmetic operation to make your breasts smaller, and sometimes to improve their shape.

Your surgeon will assess you and let you know if a breast reduction is suitable for you. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

Is a breast reduction suitable for me?

You are most likely to benefit from a breast reduction if one or more of the following conditions apply to you.

- You are self-conscious about the size of your breasts.
- Your back and neck ache because of the weight of your breasts.
- You suffer from rashes under your breasts.
- You are getting grooves in your shoulders from your bra straps.
- You are finding it difficult to stand or sit up in a good position (bad posture).

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records. They will examine your breasts and ask you questions about your medical history.

Your surgeon will also ask you if you are planning to lose a lot of weight. It may be better to lose the weight first before having surgery.

You should let your surgeon know if you are pregnant or planning to get pregnant in the future. Pregnancy can change the size and shape of your breasts and may affect the long-term results of surgery.

What are the benefits of surgery?

If the operation is successful, your breasts should be smaller and have a better shape. Most women who have a successful breast reduction are more comfortable with their appearance, are able to wear more revealing clothing and their personal and sexual relationships improve.

Are there any alternatives to surgery?

If you are overweight, you may be able to reduce the size of your breasts by as much as one cup size by losing weight.

You may find it easier to cope with large breasts by wearing a custom-made bra or corset.

What will happen if I decide not to have the operation?

A breast reduction will not improve your physical health. Your breasts will stay as they are. Your surgeon may be able to recommend an alternative to improve the size and shape of your breasts.

What new breast size should I be?

It is usually difficult to reduce a breast to less than a C cup. Any smaller and there is a risk of getting badly-shaped breasts and noticeable differences between your breasts.

Most women who need a breast reduction are used to a large bust size and look more natural with at least a C cup.

It is important to discuss this carefully with your surgeon.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes about an hour and a half.

Your surgeon will make a cut on the line of the areola (the dark area around the nipple) and a vertical cut underneath your areola. They will remove some of the breast tissue, excess fat and skin. Your surgeon will reshape your breast and lift your nipple so it is in a higher position.

If your breasts are big, your surgeon may also need to make a cut in the crease under the breast (inframammary fold). This will leave an anchor-shaped scar (see figure 1).

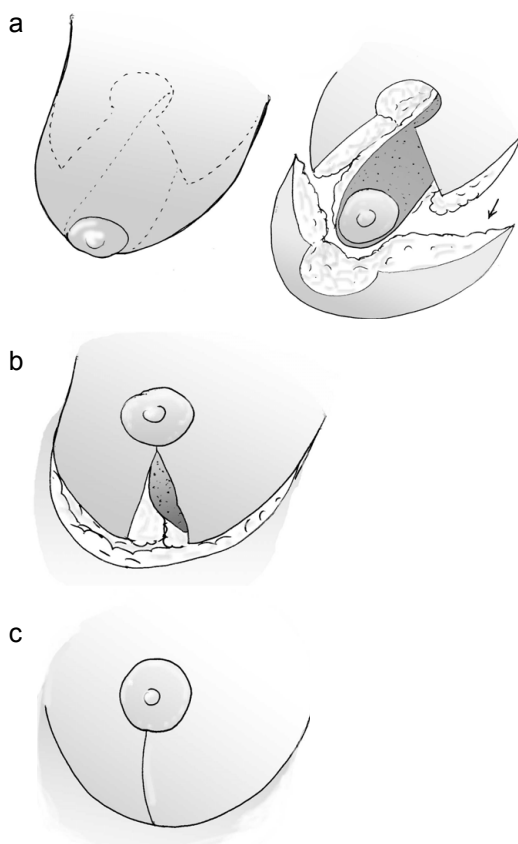


Figure 1

- a Excess fat and skin are removed
- b The breast is re-shaped and nipple lifted
- c The cuts leave an anchor-shaped scar

If your breasts are large or droopy, your surgeon may need to completely detach your nipple and areola before replacing them at a higher position.

Your surgeon will usually place small tubes (drains) in the cuts to help the wounds to heal. They will usually close the cuts with dissolvable stitches, leaving the drains in place.

At the end of the operation your surgeon may wrap your breasts in bandages for support.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on **warfarin, clopidogrel, aspirin** or other **anti-inflammatory drugs**, as these are more likely to cause you to bleed after your operation. Follow your surgeon's advice about stopping this medication before the operation.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to www.gosmokefree.co.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which is usually easily controlled with painkillers. Moving your arms can be quite uncomfortable for the first two to three weeks.
- **Bleeding** during or soon after surgery. This rarely needs a blood transfusion or another operation. It is common to get bruising in the lower half of your cleavage and sides of your breasts.
- **Infection in a surgical wound**. Minor infections are common because the lower part of a vertical cut and any cut made in the inframammary fold are often slow to heal. Any serious infection usually needs treatment with antibiotics or further surgery and can make a scar more noticeable. If the skin around a scar is red and the wound is painful and swollen, please let your doctor know.

- **Unightly scarring** of the skin. Usually the scars will settle over the first year. However, if you have dark skin, the scars can sometimes stay thick and red. Your surgeon will try to make the cuts in areas that are difficult to notice even in a swimming costume. It is important to follow the instructions your surgeon gives you about how to care for your wounds.

- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. Nurses will encourage you to get out of bed soon after surgery and may give you injections to reduce the risk of blood clots.

3 Specific complications of this operation

- **Developing a lump or swelling** inside a breast (risk: 1 in 20). This is caused by blood or fluid collecting. If this happens, you may need to have another operation to remove the blood or fluid.
- **Numbness or persistent pain** on the outer part of your breast. This is caused by injury to the small nerves that supply the skin. Any pain or numbness usually settles after a few weeks. However, this can sometimes continue for many months.
- **Loss of skin, including the areola and nipple**. This can happen because the operation can damage the blood supply in the breast, causing areas of skin to die. The risk is higher in people who smoke, are overweight, have large or droopy breasts, or have other medical problems such as diabetes.
- **Stiff shoulder**. Your physiotherapist will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain.
- **Change of breast and nipple sensation**. This usually gets better in the first year. However, the change may be permanent. You will lose nipple sensation permanently if your surgeon had to detach your nipple and areola during the operation.

- **Cosmetic problems.** It is difficult to predict exactly how your breasts will look after surgery. Most breasts are a different shape and size to begin with. Occasionally a breast reduction can make this difference more obvious. It is possible to have another operation to correct any difference in size and shape. Minor wrinkles and folds in the creases of your breasts are common and settle over time. It is possible to have these corrected by a small procedure under local anaesthetic.
- **Reduced ability to breastfeed.** This can happen if the milk ducts in your breast are damaged or removed, your nipple sensation has been affected or your nipple has been lost.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your breasts will look discoloured and feel firm and swollen.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, **a responsible adult should take you home in a car or taxi, and stay with you for at least 24 hours.**

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Most women return to normal activities within two to three weeks. The bandages can be removed after a few days as long as you have a soft bra that fits comfortably. You should not wear tight sports bras or underwired bras for the first few weeks.

You should be able to return to work after the first week, depending on your type of job. For the first three weeks after the operation do not lift anything heavy or do strenuous housework, like vacuuming or ironing. You should be able to do a limited amount of activity, such as lifting young children, after about two weeks.

You should avoid sex for the first two weeks and then be gentle with your breasts for at least another month.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seatbelt. Always check with your doctor and insurance company first.

• The future

Your surgeon will arrange for you to have follow-up visits to check on your progress. The results of a breast reduction improve gradually over time. Your breasts should become softer and more natural, and the scars should fade.

If you put on a lot of weight or get pregnant your breasts may get bigger. However, they should not get as big as they were before the operation.

A breast reduction should not interfere with a mammogram (breast x-ray used to detect breast cancer). Sometimes scar tissue can be mistaken for a cancer, so let your doctor know that you have had a breast reduction.

Summary

A breast reduction is a cosmetic operation to make your breasts smaller. It is only suitable for certain women. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- For help and advice on stopping smoking, go to www.healthpromotion.ie or call the National Smokers' Quitline on 1850 201 203
- For advice on maintaining a healthy weight and information on how exercise can help you, go to www.irishheart.ie
- www.aboutmyhealth.org - for support and information you can trust

Acknowledgements

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Illustrations: Mr Eoin O' Broin MD FRCS (Plast)

Local information

You can get information locally from:

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Tell us how useful you found this document at www.patientfeedback.org

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

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Issued November 2008

Expires end of December 2009



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